

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request U.S. Environmental Protection Agency		2. OMB control number a. 2060 - 0249		b. <input checked="" type="checkbox"/> None	
3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input checked="" type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change , of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change , of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number <i>For b-f, note item A2 of Supporting Statement Instructions</i>		4. Type of review requested (<i>check one</i>) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: ____/____/____ c. <input type="checkbox"/> Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No Not determined. The Agency prepared an Initial Regulatory Flexibility Analysis and therefore is not required by the Regulatory Flexibility Act to determine whether this rulemaking, or this information collection, will have a significant impact on a substantial number of small entities.			
		6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: ____/____/____			
7. Title Air Pollution Regulations for Outer Continental Shelf Activities					
8. Agency form number(s) (<i>If applicable</i>) : ICR No. 1601.05 (EPA Form 7610-12, EPA Form 7610-14)					
9. Keywords: Outer Continental Shelf, Corresponding Onshore Area, Environmental protection, Nearest Onshore Area, Reporting and recordkeeping requirements					
10. Abstract Sources located beyond 25 miles of States' boundaries are subject to Federal requirements (implemented and enforced solely by EPA) for Prevention of Significant Deterioration (PSD), New Source Performance Standards (NSPS), National Emissions Standards for Hazardous Air Pollutants Standards (NESHAPS), the Federal operating permit program, and the enhanced compliance and monitoring regulations. First, the entity must make an applicability determination. If the source is located within 25 miles of the States' seaward boundaries as established in the regulations, the requirements are the same as those that would be applicable if the source were located in the COA.					
11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>) a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input checked="" type="checkbox"/> Business or other for-profit e. <input checked="" type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input checked="" type="checkbox"/> State, Local or Tribal Government			12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory		
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>49</u> b. Total annual responses <u>82</u> 1. Percentage of these responses collected electronically <u>75</u> % c. Total hours requested <u>33,649</u> d. Current OMB inventory <u>44642</u> e. Difference <u>-10993</u> f. Explanation of difference 1. Program Change <u>0</u> 2. Adjustment <u>-10993</u>			14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs <u>125</u> b. Total annual costs (O&M) <u>23</u> c. Total annualized cost requested <u>148</u> d. Current OMB inventory <u>219</u> e. Difference <u>-71</u> f. Explanation of difference 1. Program change <u>0</u> 2. Adjustment <u>-71</u>		
15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>) a. <input type="checkbox"/> Application for benefits e. <input checked="" type="checkbox"/> Program planning or management b. <input checked="" type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit			16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually 7. <input type="checkbox"/> Biannually 8. Other (describe) <u></u>		
17. Statistical methods Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>) Name: <u>David Sanders</u> Phone: <u>(919) 541-3356</u>		

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with' 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected'
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (I) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

The Agency believes that the collection of information encompassed by this request complies with the recordkeeping retention requirements of 5 CFR 1320.9. However, note that there are certain instances where records would be required to be maintained for five years if the designated representative chooses to take advantage of a regulatory option, and where an independent five-year recordkeeping requirement under the Title V operating permit program applies. See the supporting statement section 3(d) for further information on these items.

Signature of Program Official	Date
Signature of Senior Official or designee <div>Oscar Morales, Director Collection Strategies Division Office of Environmental Information</div>	Date

